WISCONSIN WORKS (W-2) AGENCY FACT-FINDING REVIEW

 $Personal\ information\ you\ provide\ may\ be\ used\ for\ secondary\ purposes\ [Privacy\ Law,\ s.\ 15.04\ (1)(m)].$

Participant Name		Case Number
PIN		Fact-Finding Date
Appearance: In Person	Represented	□ No Appearance □
	·	
Attendance:		
Issue(s):		
Program(s) Affected: (check all that		
☐ W-2 Payment	☐ Medicaid	☐ Food Stamps
☐ Child Care Assistance	☐ Emergency Assistance	☐ Other
Documentation Submitted: (Attach	n copies)	
Summary of Facts:		
Summary of Facts:		

Sworn Statement:

I swear or affirm that I have read the above report of facts and that it is true and correct to the best of my knowledge.

Participant Signature	D	Date Signed		
Fact-Finder Signature as Witness	D	ate Signed		
Fact-Finding Decision: (Cite Handbook, Policy Manua	ıl, Statutes, etc.)			
☐ W-2 Agency Action Upheld				
Fact-Finder Signature	Fact-Finder Phone Numbe		Decision Date	
W-2, County/Tribal Agency	,			
Address	City	State	Zip Code	

DEPARTMENTAL REVIEW OF W-2 FACT-FINDING

If you do not agree with the decision of the W-2 Agency Fact-Finder, you may request a Departmental Review. You must request a Departmental Review within 21 days of the date of the Fact-Finding Decision. Late requests will not be accepted. To ask for a Departmental Review, send a written request to: Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875.

FAIR HEARING

The Fact-Finding process applies only to the W-2 program. You may request a separate Fair Hearing on a denial or reduction of Food Stamps, Medical Assistance and/or Child Care. A Fair Hearing must be requested within 45 days of the action's effective date for Medical Assistance and Child Care and within 90 days of the action's effective date for the Food Stamp program. To ask for a Fair Hearing, send a written request to: Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875.